

Cougar Football Camps, Inc.

**2024 Summer Football Camp**

# **Cougar Football**

**FRESHMAN FOOTBALL CAMP**

**DATES: July 8-19 (Monday thru Friday)**

**TIMES: 1:30-5 PM**

**FEES: \$500 both weeks**

**CAMP GOAL: TO DEVELOP FUNDAMENTALS AND TECHNIQUES TO PREPARE FOR HIGH SCHOOL FOOTBALL**

Instructor: Kevin Macy, Head Football Coach, Campolindo High School, has been conducting summer football camps in Moraga for over a decade. The camp will be staffed with a full complement of experienced coaches and a certified trainer.

**\*\*PLEASE NOTE THAT ALL INSTRUCTION AND DRILLS WILL BE CONDUCTED IN ACCORDANCE WITH NORTH COAST SECTION AND STATE LAWS RELATING TO EQUIPMENT & CONTACT**

**Location: Campolindo High School (Please Report to Campolindo Small Gym)**

**WEEK ONE: July 8-12**

Monday: Introduce drills (shirts and shorts only)  
Tuesday: Position skills development;  
Wednesday: Position skills development;  
Thursday: Team development;  
Friday: Introduce special team positions

**WEEK TWO: July 15-19**

Monday: Defensive position skill development  
Tuesday: Offensive position skill development  
Wednesday: Introduce defensive alignments  
Thursday: Introduce offensive play development  
Friday: Coordinate huddle mechanics and running offensive plays

ATTENDANCE FOR FIRST OR SECOND WEEK ALLOWED IF CONFLICT; FEE: \$250.00 per week

**Mail registration form & check to:**

**Cougar Football Camps, Inc. 1209 Claiborne Drive Walnut Creek, CA 94598**

QUESTIONS? **Coach Kevin Macy 510-219-3522 or [kcmacy@comcast.net](mailto:kcmacy@comcast.net)**

**\*\* Please note that this registration form is for Cougar Camp, NOT for Campolindo Football. Per NCS rules, you will be receiving further instructions regarding Campolindo Freshman Football to the email address you provided after May 1st.**

**COUGAR FOOTBALL CAMPS, INC.**  
**SUMMER FOOTBALL CAMP REGISTRATION FORM**

Please include a self-addressed envelope to receive a mailed receipt. Otherwise, your canceled check will be considered proof of payment.

Make checks payable to Cougar Football Camps, Inc. Use a separate form for each camper.

NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City and Zip: \_\_\_\_\_

School in September: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_

Parent(s)/Guardian(s) name/address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Please circle the best phone number(s) to be used while camp is in session)

Email \_\_\_\_\_

Adult T-Shirt Size: \_\_SMALL\_\_ MEDIUM\_\_ LARGE\_\_ X-LARGE\_\_ XX- LARGE\_\_

**EMERGENCY INFORMATION**

Each participant must fill out all the following information and have a legal guardian's signature BEFORE they can participate! Please notify us if there is any information about your child you would like us to know.

In the event of illness or injury, notify the following person(s) if the parent cannot be reached.

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Tetanus immunization date: \_\_\_\_\_ Contact lens \_\_Y\_\_ N If yes, \_\_hard\_\_ soft

Special medical problems: \_\_\_\_\_

**TERMS AND CONDITIONS**

**Assumption of Risk:** The Participant, \_\_\_\_\_ ("**Participant**"), has my permission to participate in the Cougar Football Camps, Inc. summer football camp. I understand that campers who are unruly and/or disruptive will be sent home without refund. I am aware that participation in the sport of football may result in accidents or injury. **ON BEHALF OF MYSELF AND PARTICIPANT, I ASSUME ALL RISKS** for injuries, physical or mental, including costs for all treatment or related financial loss connected with Participant's participation in the summer football camp.

**ON BEHALF OF MYSELF AND PARTICIPANT I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** arising out of or related to activities of the summer football camp, whether caused by the negligence of Cougar Football Camps Inc., its employees, agents, and representatives. I further agree to indemnify and hold harmless from any damages in any monetary amount whatsoever Cougar Football Camps Inc., its employees, agents, and representatives, from an injury to Participant.

In the event of any action or claim brought as a result of or alleging injury due to Participant's conduct, either intentional or negligent, I further agree on behalf of myself and Participant to indemnify and assume all financial responsibility and hold harmless Cougar Football Camps Inc., its employees, agents, and representatives. Participant suffers from no physical impairment known to me that would limit participation in the summer football camp.

**WAIVER OF LAWSUIT/LIABILITY:** On behalf of myself and Participant, I hereby forever release and waive my right to bring suit against Cougar Football Camps, Inc., Acalanes Union High School District ("**AUHSD**") and their respective owners, officers, directors, managers, officials, trustees, agents, employees, lessees, or other representatives (the "**Releasees**") in connection with the Participant's participation in the summer football camp, the use Cougar Football Camps, Inc.'s services and entry onto the AUHSD premises. I understand that this waiver means I am waiving, on behalf of myself and the Participant, the right to bring any claims for personal injury, death or property damage, or any other loss, including but not limited to claims of negligence, and waive any claim Participant or I may have to seek damages, whether known or unknown, foreseen or unforeseen arising from the Participant's participation in the summer football camp. In no event shall the total aggregate liability of Cougar Football Camps Inc., AUHSD and the Releasees exceed the sum of \$500.00, irrespective of the claims asserted or the damages alleged to have been sustained by the Participant arising from participation in the summer football camp.

**CHOICE OF LAW:** I understand and agree that the laws of the State of California will govern the terms of this agreement.

I hereby give my consent to, and authorize Cougar Football Camps Inc. to make decisions concerning Emergency Medical Care for the Participant.

**Participant:**

**Name (printed):**

I am the parent or legal guardian of the Participant/minor named above. On behalf of myself and the Participant, I have the legal right to consent to and, by signing below, I hereby do consent to the Terms and Conditions set forth above which I understand will bind myself and the Participant. I have carefully read and fully understand the Terms and Conditions set forth above and, on behalf of myself and by the Participant, freely and knowingly agree to be bound by said Terms and Conditions.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:**

